



**Licensure Bureau**  
**CERTIFICATE OF NEED PROGRAM MONTHLY REPORT**  
**October 2006**

| NAME                           | LOCATION | PROPOSAL  | CAPITAL EXPENSE* | LOI RECEIVED | MTH  | CR | APP DUE  | APP RCVD | HEARING REQ/ DATE | DPHHS DECISION DEADLINE | DPHHS DECISION & DATE | REC REQ |
|--------------------------------|----------|---|------------------|--------------|------|----|--|----------|-------------------|-------------------------|-----------------------|---------|
| Glendive Medical Ctr Home Care | Glendive | Expand HHA into Wibaux County   | None reported    | 4/26/06      | 5/06 | No | <del>9/11/06</del><br>10/11/06<br>Req for 30-day extension granted | 10/2/06  | No                | 12/29/06                |                       |         |
| Youth Dynamics, Inc.           | Billings | Inpatient residential chemical dependency treatment services in a residential setting | \$250,000        | 7/28/06      | 8/06 | No | 12-11-06   |          |                   |                         |                       |         |

**LEGEND:**

ASC Ambulatory Surgical Center  
 CDU Chemical Dependency Unit  
 CO County  
 CR Comparative Review  
 DEC Decision  
 DISMISS Appeal dismissed  
 FAC Facility  
 HHA Home Health Agency

H Hospital  
 HIS Indian Health Service  
 LOI Letter of Intent  
 LTC Long-Term Care  
 MTH Month of Notice  
 NH Nursing Home  
 NR Non-Reviewable Project  
 N/A Not Applicable

REC REQ-Reconsideration Hearing of Decision  
 REQ Request  
 SNF Skilled Nursing Facility  
 TBA To Be Announced  
 TBI Traumatic Brain Injury  
 10/10 Ten Bed/Ten Percent Rule (50-5-301, MCA)  
 N Disapproval Y Approval or Yes  
 DATES Month/Day/Year

\* First-year operating cost HHA  
 Name of facility in **BOLD** indicates a new request for report month